

NOV 21 2005

**TELECOPIER COVER SHEET****November 21, 2005**

<b>To: Assistant Commissioner for Patents</b>	<b>From: Estella Pineiro Patent Administrator 818-493-2251</b>
<b>Attention:</b>  <b>TECHNOLOGY CENTER 3700</b>  <b>Examiner: Michael Kahelin Art Unit: 3762</b>	<b>ST. JUDE MEDICAL CRMD</b> 15900 Valley View Court Sylmar, California 91392-9221
<b>Telecopier: 571-273-8300</b>	<b>Telecopier: 818/362-4795</b>
<b>RE: Filing of Amendment After Final and First Supplemental Information Disclosure Statement</b>  <b>App. No.: 10/603,429 Filed: 06/24/2003 Docket No.: A03P1031</b>  <b>Confirmation No.: 4308</b>	<b>Number of pages being sent:</b> <u>15</u> (including cover page)

**PLEASE DELIVER TO EXAMINER MICHAEL KAHELIN, Art Unit 3762.**  
**Thank you.**

NOV 21 2005

PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Zifei Wang et al.

Confirmation No.: 4308

Serial No.: 10/603,429

Examiner: Michael Kahelin

Filed: 06/24/2003

Art Unit: 3762

Docket No.: A03P1031

For: SYSTEM AND METHOD FOR DETECTING CARDIAC ISCHEMIA  
USING AN IMPLANTABLE MEDICAL DEVICETRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILINGMail Stop Amendment (AF)  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:

- ☒ Amendment After Final  
☒ First Supplemental Information Disclosure Statement  
☒ PTO-1449 (copies of references not enclosed)  
☒ Transmittal Letter, Fee and Cert. of Mailing

CALCULATION OF FEES						
ITEM		NO. OF CLAIMS REMAINING AFTER AMENDMENT	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE	\$ FEE
A	TOTAL CLAIMS FEE	20	20	0	X \$ 50	\$ 0
B	INDEPENDENT CLAIMS FEE**	6	6	0	X \$200	0
C	MULTIPLE- DEPENDENT				X \$ 360	0
D	EXTENSION OF TIME FEE — 1-mon: \$120; 2-mon: \$450; 3-mon: \$1,020; 4-mon: \$1,590; 5-mon: \$2,160					0
E	ADDITIONAL FEES (i.e., Surcharge – Late Fee- Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.) Specify: <b>First Supplemental Information Disclosure Statement</b>					180
F	<b>TOTAL ADDITIONAL FEE**</b> (ADD TOTALS FOR LINES A,B,C,D, and E)					\$180**
<input checked="" type="checkbox"/> Charge Deposit Account No. 16-0068 the amount of				<b>\$180**</b>	A copy of this letter is enclosed.	

**PATENT**

- X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068
- X Any additional filing fees required under 37 CFR 1.16.
- X Any patent application processing fees under 37 CFR 1.17.
- X The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068
- X Any patent application processing fees under 37 CFR 1.17.
- X Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

21 Nov 2005  
Date

David S. Sarisky  
David S. Sarisky, Reg. No. 41,288  
Patent Attorney for Applicant  
818-493-3369

**CUSTOMER NUMBER: 36802**

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on:

**November 21, 2005**

Estelita Pinelro 11/21/05  
Estelita Pinelro Date